

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DEER VIEW (0008646)

Address: W 5029 DOERING ROAD, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 02/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096647 **End Date:** 03/22/2006 **Type:** ABBREVIATED **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009526 Served 03/31/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		

Survey ID: 0091577 **End Date:** 10/21/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005265 Served 11/21/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	03/16/2006	Yes
83.51(3)(a)	SMOKE SEPARATION	03/16/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

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Complaint History

Date Complaint Received: 06/10/2003

Date Investigation Completed: 10/21/2003

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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